

Utah Medicaid Provider Manual	Anesthesia Codes Associated with CPT Codes Which Require Prior Authorization
Division of Health Care Financing	Updated April 2002

American Society of Anesthesiologists (ASA) Codes Associated With CPT Surgical Codes Which May Require Prior Authorization

Prior Authorization

Anesthesiologists are **NOT** required to request prior authorization. The surgeon must obtain prior authorization when required for procedures identified in the Medical and Surgical Procedure Code List included with the Utah Medicaid Provider Manual for Physician Services. Exceptions (to the requirement that the surgeon obtain Prior Authorization **before** the procedure is performed) can be considered **ONLY** under one of the following circumstances:

1. The procedure was performed in a life-threatening or justifiable emergency situation.
2. Medicaid is responsible for the delay in prior authorization.
3. The patient is retroactively eligible for Medicaid.

Retroactive authorization for services related to these exceptions may be granted "after-the-fact" with appropriate documentation and review. If approved, the associated ASA code may also be reimbursed.

For additional information about the prior authorization process, refer to the Utah Medicaid Provider Manual, SECTION 1, or contact Medicaid Information.

Billing by Anesthesiologist

The anesthesiologist is **required** to enter the prior authorization number obtained by the surgeon for the CPT code when billing an ASA code related to a CPT procedure for a hysterectomy, sterilization or abortion. The ASA procedure codes listed below are associated with surgical codes that may require prior authorization by Medicaid. If federal requirements for obtaining prior authorization for a hysterectomy, sterilization or abortion are not met, Medicaid cannot reimburse either the physician or the anesthesiologist.

Criteria for Surgical Procedures

Specific information for numbered criteria may be found on the list Criteria for Surgical Procedures, a special attachment for two Utah Medicaid Provider Manuals: Hospital and Physician.

ASA Codes Associated with CPT Codes That May Require Prior Authorization

00402	Anesthesia for reconstructive breast procedures (reduction, augmentation, muscle flaps)
00580	Anesthesia for heart transplant or heart-lung transplant
00796	Liver transplant (recipient)
00840	Anesthesia for intraperitoneal procedures in lower abdomen (hysterectomy and sterilization)
00846	Anesthesia for radical hysterectomy
00848	Anesthesia for pelvic exenteration

¹ For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List.

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00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection. Diagnosis 66.2, 66.21, 66.2, 66.2. Refer to Criteria #10 ¹ .
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00869	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; vasectomy, unilateral/bilateral. Diagnosis 70, 63.71, 63.73. Refer to Criteria #10 ¹ .
00922	Anesthesia for seminal vesicles
00926	Male, external genitalia; radical orchiectomy, inguinal
00928	Anesthesia for inguinal orchiectomy
00932	Anesthesia for complete amputation of penis
00934	Anesthesia for radical amputation of penis with bilateral inguinal lymphadenectomy
00936	Anesthesia for radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00940	Anesthesia for abortion procedures
00944	Anesthesia for vaginal hysterectomy
00952	Anesthesia for hysteroscopy
01964	Anesthesia for abortion procedures. Refer to Criteria #17 ¹ .

KEY TO DISTINGUISHING CODE CHANGES

New codes are in bold print.

A vertical line in the margin marks where text was changed.

An asterisk (*) marks where a code was deleted.

¹ For numbered criteria, refer to the [Criteria for Medical and Surgical Procedures List](#).